

STATE OF UTAH
DIVISION OF OCCUPATIONAL AND PROFESSIONAL LICENSING
APPLICATION FOR LICENSURE
PHARMACY TECHNICIAN

DOPL-AP-061 REV 11/12/2003

APPLICATION INSTRUCTIONS AND INFORMATION

General Statement: The Division desires to provide courteous and timely service to all applicants for licensure. To maximize its efficiency and the level of service, the Division will process complete applications only. **A complete application includes all applicable supporting documents and fees.** The fees are for processing your application and will not be refunded. Failure to complete the application and supply all necessary information will delay processing and may result in denial of licensure. Please read all instructions carefully.

Address of Record: The address listed on the application will be your address of record. All correspondence from the Division will be sent to that address. It is your responsibility to directly notify the Division of any change in address.

Social Security Number: Your social security number is classified as a private record pursuant to Title 63, Chapter 2, Utah Government Records Access and Management Act (GRAMA). It is used as an individual identifier for our licensing database and for purposes of the child support enforcement pursuant to Subsection 78-32-17(3) and is mandatory pursuant to Subsection 58-1-301(1), Utah Code Ann., which implements the requirements of 42 U.S.C. 666(a)(13). An application that does not include a social security number is incomplete and cannot be processed.

SUPPORTING DOCUMENTS AND FEES:

In addition to submitting a completed application, complete the following:

1. If you completed on-the-job training, submit the “Affidavit of Supervising Pharmacist Responsible for On-the-Job Training” form (attached to this application) completed by the licensed pharmacist responsible for your on-the-job education and training program, **AND** a “Pharmacy Technician Training Hours Log” (attached to this application).
2. If you completed a formal training program, submit official transcripts from your formal training program **AND** the “Affidavit of the Official Representative of the Formal Education Program” form (attached to this application) completed by the official representative of your formal education and training program.

3. Submit a copy of your certificate issued by the Pharmacy Technician Certification Board to document your passing the National Pharmacy Technician Certification Examination.
4. Submit the original letter from Experior documenting your passing score on the Utah Pharmacy Technician Law and Rule Examination.
5. Submit a **\$60.00** non-refundable application-processing fee, made payable to “DOPL.”

ADDITIONAL IMPORTANT INFORMATION:

1. **Law and Rules Exam:** Applicants for licensure must pass the Utah Pharmacy Technician Law and Rule Examination. Contact Experior at the address and telephone number below to register for the examination.

Experior, 5486 South 1900 West, Suite C, Taylorsville, Utah 84118, (801) 355-5009

You may also purchase a study guide from Experior, which has been prepared to assist candidates taking law exams. In addition, the following applicable laws and rules are available on the Internet at www.dopl.utah.gov:

- ☐ Division of Occupational & Professional Licensing Act
- ☐ General Rules of the Division of Occupational & Professional Licensing
- ☐ Pharmacy Practice Act
- ☐ Pharmacy Practice Act Rules

2. **National Pharmacy Technician Certification Examination:** All applicants must have passed the National Pharmacy Technician Certification Examination.

For registration and fee information concerning the National Pharmacy Technician Certification Examination, contact the Pharmacy Technician Certification Board at (202) 429-7576.

3. **Examination Fees:** There are separate fees for all examinations. It is the responsibility of the applicant to submit the fees directly to the testing agency.
4. **Current Documents:** Applications, statutes, and rules may change from time to time. If you have not recently obtained any of these documents, you may want to contact the Division or visit our Internet site to verify that you have current versions.

5. **Education and Training Requirement:** To be eligible for licensure, you must complete at least 300 hours of combined didactic and clinical training covering at least the following topics:

- ❑ Legal aspects of pharmacy practice such as laws and rules governing practice.
- ❑ Hygiene and aseptic technique.
- ❑ Terminology and symbols.
- ❑ Pharmaceutical calculations.
- ❑ Identification of drugs by trade and generic names, and therapeutic classifications.
- ❑ Filling of orders and prescriptions including packaging and labeling.
- ❑ Ordering, restocking, and maintaining drug inventory.
- ❑ Computer applications in the pharmacy.

Your education and training must have been completed in either a licensed Utah pharmacy under the supervision of a licensed pharmacist OR in a formal educational setting.

6. **License Renewal:** All pharmacy licenses expire May 31 of every odd-numbered year.

Unlike many other states, Utah's license renewal schedule **is not** based on the licensee's date of initial licensure. Under Utah's renewal system, all licenses in each profession expire as a group on the same day every two years. Therefore, the length of a licensee's first renewal cycle depends on how far into the current renewal cycle initial licensure was obtained. Each renewal cycle thereafter is for a full two years.

Additionally, the fee paid with this application for licensure is an application-processing fee only. It does not include a renewal fee. Each licensee is responsible to renew licensure **PRIOR** to the expiration date shown on the current license. Renewal information is disseminated to each licensee at the licensee's last known address, as provided to the Division, approximately two months prior to the expiration date shown on the license.

7. **Updating Address Information:** Licensees are responsible to keep the Division informed of their current address. If your address is incorrect, you will not receive renewal notices or other correspondence.
8. **Name Change:** If you have been licensed by the Division under any other name, please submit documentation of your name change such as a copy of your marriage license or divorce decree.

9. **Mail Complete Application to:**

By U.S. Mail

Division of Occupational & Professional Licensing
P.O. Box 146741
Salt Lake City, Utah 84114-6741

By Delivery or Express Mail

Division of Occupational & Professional Licensing
160 East 300 South, 1st Floor Lobby
Salt Lake City, Utah 84111

10. **Telephone Numbers:** (801) 530-6628

(866) ASK-DOPL – Toll-free in Utah
(866) 275-3675

11. **Fax Number:** (801) 530-6511

APPLICATION FOR LICENSURE

GENERAL INFORMATION

License Applying For: PHARMACY TECHNICIAN

Social Security Number: _____

Last Name: _____ Maiden Name: _____

First Name: _____ Middle Name: _____

Gender (Male or Female): _____ Date of Birth: _____

Have You Ever Held A Utah License Before? Yes _____ No _____

If Yes, Name of Profession: _____

If Yes, License Number: _____

MAILING ADDRESS

Street: _____

City: _____ State: _____ Zip: _____

County: _____ Telephone: _____

DO NOT WRITE IN THIS SECTION - FOR DIVISION USE ONLY

License/Certificate Number: _____

Date License/Certificate Approved: _____

Approved By: _____

Date License/Certificate Denied: _____

Denied By: _____

Reason For Denial/Other Comments: _____

EDUCATION AND TRAINING REQUIREMENT:

Answer “yes” or “no.”

_____ I have completed the required program of education and training for licensure as a pharmacy technician in a **formal** educational setting.

Name of Program: _____

Address of Program: _____

Official Program Representative: _____

_____ I have completed the required program of education and training for licensure as a pharmacy technician through on-the-job training in a licensed **Utah** pharmacy.

Name of Utah Pharmacy: _____

Address of Utah Pharmacy: _____

Utah Pharmacy License Number: _____

Pharmacist in charge of your education and training: _____

EXAMINATION REQUIREMENT:

Answer “yes” or “no.”

_____ National Pharmacy Technician Certification Examination, Date(s) Taken: _____

_____ Utah Pharmacy Technician Law and Rule Examination, Date(s) Taken: _____

PHARMACY TECHNICIAN QUALIFYING QUESTIONNAIRE

Answer “yes” or “no” for each question. Do not leave any question blank.

1. _____ Have you ever applied for or received a license, certificate, permit, or registration to practice in a regulated profession under any name other than the name listed on this application?
2. _____ Have you ever been denied the right to sit for a licensure examination?
3. _____ Have you ever had a license, certificate, permit, or registration to practice a regulated profession denied, conditioned, curtailed, limited, restricted, suspended, revoked, reprimanded, or disciplined in any way?
4. _____ Have you ever been permitted to resign or surrender your license, certificate, permit, or registration to practice in a regulated profession while under investigation or while action was pending against you by any health care profession licensing agency, hospital or other health care facility, or criminal or administrative jurisdiction?
5. _____ Are you currently under investigation or is any disciplinary action pending against you now by any licensing agency?
6. _____ Is any action related to your conduct or patient care pending against you now at any hospital or health care facility?
7. _____ Have you ever had rights to participate in Medicaid, Medicare, or any other state or federal health care payment reimbursement program denied, conditioned, curtailed, limited, restricted, suspended, or revoked in any way?
8. _____ Have you ever been permitted to resign from Medicaid, Medicare, or any other state or federal health care payment reimbursement program while under investigation or while action was pending against you by any licensing agency, hospital, or other health care facility, or criminal or administrative jurisdiction?
9. _____ Is any action pending against you now by Medicaid, Medicare, or any other state or federal health care payment reimbursement program?
10. _____ Is any action pending against you now by either the Federal Drug Enforcement Administration or any state drug enforcement agency?

(Questions continue on following page.)

11. _____ Have you been named as a defendant in a malpractice suit?
12. _____ Have you ever had office monitoring, practice curtailments, individual surcharge assessments based upon specific claims history, or other limitations, restrictions, or conditions imposed by any malpractice carrier?
13. _____ Have you ever had any malpractice insurance coverage denied, conditioned, curtailed, limited, suspended, or revoked in any way?
14. _____ If you are licensed in the occupation/profession for which you are applying, would you pose a direct threat to yourself, to your patients or clients, or to the public health, safety, or welfare because of any circumstance or condition?
15. _____ Have you ever been declared by any court of competent jurisdiction incompetent by reason of mental defect or disease and not restored?
16. _____ Have you ever been terminated from a position because of drug use or abuse?
17. _____ Are you currently using or have you recently (within 90 days) used any drugs (including recreational drugs) without a valid prescription, the possession or distribution of which is unlawful under the Utah Controlled Substances Act or other applicable state or federal law?
18. _____ Have you ever used any drugs without a valid prescription, the possession or distribution of which is unlawful under the Utah Controlled Substances Act or other applicable state or federal law, for which you have not successfully completed or are not now participating in a supervised drug rehabilitation program, or for which you have not otherwise been successfully rehabilitated?
19. _____ Have you ever had a documented case in which you were involved as the abuser in any incident of verbal, physical, mental, or sexual abuse?
20. _____ Have you ever been arrested for or charged with a misdemeanor in any jurisdiction? Motor vehicle offenses such as driving while impaired or intoxicated must be disclosed but minor traffic offenses such as parking or speeding violations need not be listed.
21. _____ Have you ever been arrested for or charged with a felony in any jurisdiction?
22. _____ Have you ever pled guilty to, no contest to, or been convicted of a misdemeanor in any jurisdiction? Motor vehicle offenses such as driving while impaired or intoxicated must be disclosed but minor traffic offenses such as parking or speeding violations need not be listed.

(Questions continue on following page.)

23. _____ Have you ever pled guilty to, no contest to, or been convicted of a felony in any jurisdiction?
24. _____ Have you ever been allowed to make a plea in abeyance for any criminal charge for which the charge was later dismissed?
25. _____ Have you ever been incarcerated for any reason in any federal, state or county correctional facility or in any correctional facility in any other jurisdiction?

If you answered “yes” to questions 20, 21, 22, 23, 24, or 25 above, you must include with your application a copy of the police report, court docket, any probation/parole officer report, and a narrative of the circumstances that occurred for EACH and EVERY arrest and/or conviction.

If you are unable to obtain any of the records required above, you must submit documentation on official letterhead from the police department and/or court indicating that the information is no longer available.

If you answered “yes” to any of the above questions, enclose with this application complete information with respect to all circumstances and the final result, if such has been reached.

A “yes” answer does not necessarily mean you will not be granted a license; however, the Division may request additional documentation if the information submitted is insufficient.

AFFIDAVIT OF APPLICANT'S EDUCATION AND TRAINING

I declare **under penalty of perjury** as follows:

I am the person described and identified in this application.

I have completed a program of education and training in either a formal educational setting or on-the-job training in a licensed Utah pharmacy that consisted of at least 300 hours of combined didactic and clinical training and included at a minimum the following topics:

1. Legal aspects of pharmacy practice such as laws and rules governing practice.
2. Hygiene and aseptic technique.
3. Terminology, abbreviations and symbols.
4. Pharmaceutical calculations.
5. Identification of drugs by trade and generic names, and therapeutic classifications.
6. Filling of orders and prescriptions including packaging and labeling.
7. Ordering, restocking, and maintaining drug inventory.
8. Computer applications in the pharmacy.

The program of education and training is outlined in a written plan and includes a final examination covering at a minimum the topics listed above.

Signature of Applicant: _____

Date of Signature: _____

AFFIDAVIT and RELEASE AUTHORIZATION

I am the applicant described and identified in this application for licensure, certification, or registration in the State of Utah.

I am qualified in all respects for the license, certificate, or registration for which I am applying in this application.

To the best of my knowledge, the information contained in the application and its supporting document(s) is free of fraud, misrepresentation, or omission of material fact.

To the best of my knowledge, the information contained in the application and its supporting document(s) is truthful, correct, and complete; and, discloses all material facts regarding the applicant and associated individuals necessary to properly evaluate the applicant's qualifications for licensure.

I will ensure that any information subsequently submitted to the Division in conjunction with this application or its supporting documents meet the same standard as set forth above.

I understand that it is unlawful and punishable as a class A misdemeanor to apply for or obtain a license or to otherwise deal with the Division or a licensing board through the use of fraud, forgery, or intentional deception, misrepresentation, misstatement, or omission.

I understand that this application will be classified as a public record and will be available for inspection by the public, except with regard to the release of information which is classified as controlled, private, or protected under the Government Records Access and Management Act or restricted by other law.

I authorize all persons, institutions, organizations, schools, governmental agencies, employers, references, or any others not specifically included in the preceding characterization, which are set forth directly or by reference in this application, to release to the Division of Occupational and Professional Licensing, State of Utah, any files, records, or information of any type reasonably required for the Division to properly evaluate my qualifications for licensure/certification/registration by the State of Utah.

Signature of Applicant: _____

Date of Signature: _____

Printed Name of Applicant: _____

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AFFIDAVIT OF THE OFFICIAL REPRESENTATIVE OF THE FORMAL EDUCATION PROGRAM

I declare **under penalty of perjury** as follows:

I attest that the applicant has successfully completed a program of education and training in a formal educational setting.

I attest that the program consisted of at least _____ hours of combined didactic and clinical training and included at a minimum the following topics:

1. Legal aspects of pharmacy practice such as laws and rules governing practice.
2. Hygiene and aseptic technique.
3. Terminology, abbreviations and symbols.
4. Pharmaceutical calculations.
5. Identification of drugs by trade and generic names, and therapeutic classifications.
6. Filling of orders and prescriptions including packaging and labeling.
7. Ordering, restocking, and maintaining drug inventory.
8. Computer applications in the pharmacy.

I attest that the program of education and training is outlined in a written plan that shall be available to the Division and Board upon request.

Applicant's Name: _____

Official Program Representative: _____

Signature of Official Program Representative: _____

Date of Signature: _____

Name of Program: _____

Address of Program: _____

Telephone of Program: _____

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Division of Occupational and Professional Licensing
160 East 300 South, P.O. Box 146741
Salt Lake City, Utah 84114-6741

AFFIDAVIT OF SUPERVISING PHARMACIST RESPONSIBLE FOR ON-THE-JOB TRAINING PROGRAM

I declare **under penalty of perjury** as follows:

I attest that the applicant has successfully completed a program of education and training in an on-the-job training program in a licensed Utah pharmacy.

I attest that the program consisted of at least _____ hours of combined didactic and clinical training and included at a minimum the following topics:

1. Legal aspects of pharmacy practice such as laws and rules governing practice.
2. Hygiene and aseptic technique.
3. Terminology, abbreviations and symbols.
4. Pharmaceutical calculations.
5. Identification of drugs by trade and generic names, and therapeutic classifications.
6. Filling of orders and prescriptions including packaging and labeling.
7. Ordering, restocking, and maintaining drug inventory.
8. Computer applications in the pharmacy.

I attest that the program of education and training is outlined in a written plan that shall be available to the Division and Board upon request.

Applicant's Name: _____

Supervising Pharmacist's Name: _____

Signature of Supervising Pharmacist: _____

Date of Signature: _____

License Number: _____

Utah pharmacy in which education and training was received: _____

Utah Pharmacy License Number: _____

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Division of Occupational and Professional Licensing
160 East 300 South, P.O. Box 146741
Salt Lake City, Utah 84114-6741

PHARMACY TECHNICIAN TRAINING HOURS LOG

Record your training hours only. DO NOT include time worked as a clerk or support personnel.

Technician Name: _____

NOTE: The technician in training has six months to complete the required training for licensure.

Day	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
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TO BE COMPLETED BY PHARMACIST IN CHARGE OF TRAINING:

Pharmacist's Name: _____

Pharmacist's License Number: _____

Pharmacy Name/Address: _____

Technician's Name: _____

The above named technician was employed under my supervision from ____/____/____ to ____/____/____ and worked the hours shown on the log above.

Total Hours of Pharmacy Practice Experience: _____

Pharmacist's Signature: _____ Date: _____

TO BE COMPLETED BY TECHNICIAN:

I have reviewed the information included in this document and agree that it accurately covers my technician training experience.

Technician Signature: _____ Date: _____